

Standard Form 47

(Rev. 1-77)

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORSU.S. Civil Service Commission
FPM Chapter 930

47-105

1. Last Name-First Name- Middle Name	2. Date Of Birth	3. Title Of Position
4. Home Address (<i>Number, street or RFD, city or town, State& ZIP code</i>)		5. Employing Agency

6. Have you ever had or have you now (*place check at left of each item*):

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Poor vision in one or both eyes	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism, swollen or painful joints
<input type="checkbox"/>	<input type="checkbox"/>	Eye disease	<input type="checkbox"/>	<input type="checkbox"/>	Loss of hand, arm, foot, or leg
<input type="checkbox"/>	<input type="checkbox"/>	Poor hearing in one or both ears	<input type="checkbox"/>	<input type="checkbox"/>	Deformity of hand, arm, foot, or leg
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental trouble of any kind
<input type="checkbox"/>	<input type="checkbox"/>	Palpitation, chest pain, or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts or epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Excessive drinking habit (alcohol)
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other serious defects or diseases
<input type="checkbox"/>	<input type="checkbox"/>	Drug or narcotic habit			

7. If your answer is "yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(B) Do you wear a hearing aid ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PRIVACY ACT NOTICE

Authority: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Standard Form 47, Physical Fitness Inquiry for Motor Vehicle Operators U.S. Code, Title 5, section 301.

Purposes and Uses: SF 47 is used to ascertain the physical fitness of Federal employees, whose jobs are not regular motor vehicle operating jobs, to drive Government- owned

motor vehicles. It is also used in the renewal of authorizations for all employees. Based on the information provided, employees may be referred for a medical examination before being given a renewal.

Effects of Non Disclosure: Nondisclosure of this information will result in the employee not being authorized to drive a Federal motor vehicle. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise.

I certify that my answers are full and true, and I understand that a willfully false statement or dishonest answer to any question may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.

Signature	Date
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REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

- ☐ There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.
- ☐ On the basis of items checked in this form or other information, this applicant must be referred for physical examination before he/she is authorized to operate a government- owned motor vehicle or his/her current authorization is renewed.
- ☐ Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of designated official	Date
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